

FORMAL COMPLAINT OF DISCRIMINATION

For use of this form, see AR 690-600; the proponent agency is OSA

PRIVACY ACT STATEMENT (5 U.S.C. §552a)**AUTHORITY:** Public Law 92-261**PRINCIPAL PURPOSE:** Used for formal filing of complaints of discrimination because of race, color, national origin, religion, sex, age, physical or mental disability, and/or reprisal by Department of the Army civilian employees, former employees, applicants for employment, and some contract employees.**ROUTINE USES:** Information will be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts; (b) to respond to general requests for information under the Freedom of Information Act; (c) to respond to requests from legitimate outside individuals or agencies (Congress, White House, Equal Employment Opportunity Commission) regarding the status of an EEO complaint or appeal; or (d) to to adjudicate an EEO complaint or appeal.**DISCLOSURE:** Voluntary, however, failure to complete all appropriate portions of the form may lead to rejection of complaint on the basis of inadequate data on which to continue processing.

1. NAME (Last, First, Middle Initial) 2. SOCIAL SECURITY NUMBER 3. HOME TELEPHONE NUMBER

DASILVA JOE JR.

4. HOME ADDRESS

5. DO YOU CURRENTLY WORK FOR THE FEDERAL GOVERNMENT?

☐ NO ☒ YES (If yes, complete 6, 6a, 6b, 7 and 8.)6. NAME OF AGENCY WHERE CURRENTLY EMPLOYED
US GOVERNMENT DEPARTMENT OF THE ARMY
DETROIT ARSENAL FIRE DEPARTMENT

6a. WORK TELEPHONE NUMBER

6b. EMPLOYER'S ADDRESS (Complete information to include office symbol).

6501 EAST 11 MILE ROAD
WARREN, MI 48397-5000

7. PAY PLAN/SERIES/GRADE

GS 07/07

8. CURRENT JOB TITLE

DRIVER OPERATOR/FIRE FIGHTER. E.M.T.

SECTION I - COMPLAINT INFORMATION

9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check below all that apply. Identify specific race, color, sex, age, religion, national origin, and/or disability.)

☒ RACE WHITE ☐ COLOR ☐ SEX ☒ Male ☐ Female ☒ AGE 51

DATE OF BIRTH

☒ NATIONAL ORIGIN BRAZILIAN ☒ RELIGION CATHLICDISABILITY ☐ Mental ☐ Physical ☐ REPRISAL

(Date(s) and type of prior EEO activity)

10. EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (If your complaint involves more than one basis of alleged discrimination, list and number each basis separately and provide specific factual information in support of each allegation of discrimination. If necessary, continue on page 2.)

On April 03, 2018 Assistant Fire Chief Martin Potter made several harassing comments against me of an unwanted sexual nature such as "how much do breast implants cost" and remarks that I should be able to wear a "B-cop Bra". and before that he has also made statements last summer that "I should do the pencil test I bet you can hold a pencil under your those tits and it will not fall".

EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (Cont'd) (If necessary, additional sheets may be used.)

11a. NAME OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

DETROIT ARSENAL FIRE DEPARTMENT

11b. ADDRESS OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

6501 EAST 11 MILE ROAD WARREN, MI 48397-5000

12a. HAVE YOU DISCUSSED THE ISSUE (S) IN BLOCK 10 WITH AN EEO COUNSELOR? ☐ NO ☒ YES (If yes, complete 12b, 12c, and 12d below.)12b. NAME OF EEO COUNSELOR
Ms. Melissa Kleehammer

12c. DATE OF INITIAL CONTACT WITH EEO OFFICIAL (YYYYMMDD)

20180509

12d. DATE NOTICE OF RIGHT TO FILE A FORMAL COMPLAINT OF DISCRIMINATION RECEIVED (YYYYMMDD)

20180531

13. ELECTION OF REPRESENTATION

☐ ATTORNEY☒ NON-ATTORNEY☐ NO REPRESENTATION

NAME OF REPRESENTATIVE _____

ADDRESS _____

TELEPHONE NUMBER: _____

FAX: _____

E-MAIL: _____

14. WHAT RELIEF ARE YOU SEEKING TO RESOLVE THIS COMPLAINT? (State specific corrective action desired for each allegation.)

I have been told ZERO TOLERANCE for Sexual Harassment in the work place and he still works here. I have not been able to work any over time because we are not allowed to work together until the Garrison Complaint is completed. I have lost money because I have not worked overtime and I feel that the work place is not comfortable to work when around him.

15a. HAVE THE ISSUES IDENTIFIED IN BLOCK 10 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD (MSPB) OR FILED UNDER A UNION NEGOTIATED GRIEVANCE PROCEDURE? ☒ NO ☐ YES (If yes, complete 15b, 15c, and 15d below.)

15b.

☐ MSPB☐ UNION NEGOTIATED GRIEVANCE

15c. DATE FILED (YYYYMMDD)

15d. MSPB OR UNION DOCKET NUMBER (If known)

16. LIST NAME(S) OF WITNESS (ES) AND BRIEFLY STATE WHAT INFORMATION WITNESS MAY CONTRIBUTE TO THE INVESTIGATION OF YOUR COMPLAINT.

Witness # 1 Assistant Fire Chief Tillman

Witness # 2 Fire Fighter David Ferris

Witness # 3 Fire Fighter Mathew Holtyn

Witness # 4 Fire Fighter Johnathan Perkins

Witness # 5 Fire Fighter Mathew Kumlin

17a. SIGNATURE OF COMPLAINANT

DASILVA.JOE.JR.109290
2621Digitally signed by
DASILVA.JOE.JR.1092902621
Date: 2018.06.01 09:21:17 -04'00'

17b. DATE DA FORM 2590 SIGNED BY COMPLAINANT (YYYYMMDD)

20180601